Los Angeles County Sheriff's Department

Officer Involved Shooting

Report Date:	Bureau/Station/Facility:	Admin. Invest.?	Hit?
01/04/2016	Central Patrol Division/Compton Station	☐	☑

Incident Information

URN: 016-00162-2873-055	Date: 01/04/2015	Time: 2100	
City or Station: Compton Station	Nature of Incident: Deputies located a criminal threats suspect, who fled on foot and pointed a firearm at them. Deputy Covarrubias fired his duty firearm once at the suspect striking him in the right calf.		
Location: [redacted] S. Tarrant Avenue, Compton Ca 90220			

Location Type (*check one or more*):
- ☐ Backyard
- ☐ Beach
- ☐ Business
- ☐ Freeway
- ☐ Industrial
- ☐ Park
- ☐ Parking Lot
- ☐ Residence
- ☐ Rural
- ☐ School
- ☑ Street
- Other:

Lighting (*check only one*):
- ☐ Darkness
- ☐ Daylight
- ☐ Other
- ☑ Street Lights

Weather (*circle only one*):
- ☐ Clear
- ☑ Cloudy
- ☐ Fog
- ☐ Rain

Distance:

Incident Type (*check one or more*):
- ☐ Accidental
- ☑ Armed Person
- ☐ Fleeing Suspect
- ☐ Foot Pursuit
- ☐ Gun Take Away
- ☐ Moving Vehicle
- ☐ Sniper/Ambush
- ☐ Startle
- ☐ Struggle Involved
- ☐ Traffic Stop
- ☐ Unarmed Person
- ☐ Unintentional
- ☐ Vehicle Pursuit
- ☐ Warrant Service
- ☐ Warning Shot
- Other:

Initiated by (*check only one*):
- ☐ Arrest Warrant
- ☑ Call
- ☐ Observation
- ☐ One Person Unit
- ☐ Other
- ☐ Search Warrant
- ☐ Two Person Unit

Prior Activity (*check only one*):
- ☐ Detective
- ☐ Inmate Transport
- ☐ Other
- ☑ Routine Patrol

Aero Unit? ☑ Canine Unit? ☑

Total # of Shots Fired by Deputy	Total # of Shots Fired by Suspect
1	0

Employee Witnesses

Employee #	Last Name	First Name	M.I.	ShiftTime (*check only one*)	ShiftType (*check only one*)
[redacted]	Del Castillo	Cesar	A	☐ EM ☑ PM ☐ Day	☑ Regular ☐ Overtime ☐ Off Duty
				☐ EM ☐ PM ☐ Day	☐ Regular ☐ Overtime ☐ Off Duty
				☐ EM ☐ PM ☐ Day	☐ Regular ☐ Overtime ☐ Off Duty

Non-Employee Witnesses

Last Name	First Name	M.I.	Street Address	City	Zip Code	Work Ph	Home Ph
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]		[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]		[redacted]
[redacted]	[redacted]		[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

Supervisors

Employee #	Last Name	First Name	M.I.	(*check one or more*)
[redacted]	Lopez	Alfonso		☑ On Duty ☐ Present during shooting ☐ Witness to shooting ☐ Involved in shooting
[redacted]	Fisher	Angel	M	☑ On Duty ☐ Present during shooting ☐ Witness to shooting ☐ Involved in shooting

Watch Sergeant

Employee #	Last Name	First Name	M.I.
[redacted]	Lindsay	John	L

Watch Commander

Employee #	Last Name	First Name	M.I.
[redacted]	Lucio	Marc	A

FRTO Use Only

SH # 2393052

Officer Involved Shooting

URN: 016-00162-2873-055

Rollout Information

Arrival Date	Arrival Time	Date Submitted	Date of Recommendation
01/04/2016	2330	01/04/2016	

Employee #	Last Name	First Name	M.I.
[redacted]	[redacted]	[redacted]	
[redacted]	Watters	Dennis	M
[redacted]	Adler	Kelly	L

Shooting / Force Information

Method

(AW) Arwen
(BC) Baton:(Control)
(BI) Baton:(Impact)
(BF) Bodily Fluids
(CN) Canine
(CR) Carotid Restraint
(CH) Choke Hold
(CT) Control Holds:(Control Techniques)
(TT) Control Holds:(Team Takedown)
(TD) Control Holds:(Takedown)
(CE) Chemical
(OC) Chemical Agents (OC Spray)
(TG) Chemical Agents (Tear Gas)
(EX) Explosives
(FH) Firearm (Handgun)
(FR) Firearm (Rifle)
(FS) Firearm (Shotgun)
(FO) Firearm (Other)
(FB) Flashbang
(FL) Flashlight
(OE) Other Weapon: Edged
(OV) Other Weapon: Vehicle
(OB) Other Weapon: Blunt Object
(OO) Other Weapon: Other
(PK) Personal Weapon: Feet/Leg: (Kick)
(PS) Personal Weapon: Feet/Leg: (Sweep)
(PH) Personal Weapon (Hand/Arm)
(PP) Personal Weapon (Push)
(PO) Personal Weapon (Other)
(RS) Resistance
(CN) Restraint Device (Capture Net)
(RH) Restraint Device (Handcuffs)
(HB) Restraint Device:Hobble (Legs Only)
(TP) Restraint Device:Hobble (TARP)
(RE) Restraint Device: REACT Belt
(SP) Sap
(SH) Shield
(SG) 37mm Stinger
(SB) Sting Ball
(ST) Stun Bag
(TR) Taser
(UC) Uncooperative

Type of Injury

(AB) Abrasion
(BR) Bruise
(BU) Burn
(CP) Complaint of Pain
(CO) Concussion
(DH) Death
(DI) Dislocation
(DB) Dog Bite
(FR) Fractures
(GS) Gunshot
(HB) Human Bite
(LC) Lacerations
(ND) Nerve Damage
(OD) Organ Damage
(PA) Paralysis
(PW) Puncture Wound
(SD) Soft Tissue Damage
(ST) Sprain/Twists
(UN) Unconscious
(RM) Refused Med Treatment
(NN) NONE

Body Part Injured

(AD) Abdomen
(AK) Ankle
(AR) Arm
(BK) Back
(BT) Buttocks
(CH) Chest
(EL) Elbow
(FA) Face
(FE) Feet
(FI) Fingers
(GE) Genitals
(GR) Groin
(HD) Hand
(HE) Head
(HI) Hip
(IN) Internal
(KN) Knees
(LE) Leg
(NK) Neck
(SH) Shoulder
(WR) Wrist

Brand

(AK) AK-47
(BN) Benelli
(BR) Beretta
(BW) Browning
(CH) Charter Arms
(CO) Colt
(DA) Davis Industries
(GL) Glock
(HA) Harrington & Richardson
(HI) Hi Standard
(HK) H & K
(IT) Ithica
(IV) Iver Johnson
(JE) Jennings
(LO) Lorcin
(LU) Luger
(MA) Marlin
(MO) Mossberg
(NC) NCI aka SKS
(NA) North American
(NO) Norinco
(RA) Raven
(RM) Remington
(RG) RG
(RI) RGI
(RO) Rossi
(SW) Smith & Wesson
(SR) Sturm Ruger
(SS) SIG Sauer
(ST) Sterling
(TA) Taurus
(WE) Weatherby
(WN) Winchester
(US) US Government
(YY) Handmade (Inmate)
(XX) Homemade (Non-Inmate)
(ZZ) Other Brand

Caliber

(9) 9 mm
(10) 10 mm
(12) 12 guage
(20) 20 guage
(21) .22-250
(22) .22 caliber
(23) .223 caliber
(24) .243 caliber
(25) .25 caliber
(30) .308 caliber
(35) .357 caliber
(36) 30-60 caliber
(38) .38 caliber
(40) .40 caliber
(41) .410 guage
(44) .44 caliber
(45) .45 caliber
(50) 50 mm
(SL) Slug
(WW) Other caliber

FORCE APPLIED *(one code per block)*

Used By (E# or S#)	Used Against (E# or S#)	Method (Code)	Brand (Code)	Caliber (Code)	Authorized Weapon? (Y/N)	Authorized Ammunition? (Y/N)	Type of Injury (Code)	Body Part (Code)
S1	E1	FH	ZZ	9	N	N	NN	
E1	S1	FH	SW	9	Y	Y	GS	LE

Officer Involved Shooting
Involved Employee Information

URN: 016-00162-2873-055

Involved Employee

E 1

Employee # [redacted]	Last Name Covarrubias	First Name Omar	M.I. F
Sex: M Race: H	Rank: DSG	Unit Assignment: Compton	Work Assignment (Unit #, Module, etc.): 287DI
ShiftTime (*circle only one*): ☐ EM ☑ PM ☐ Day	ShiftType (*circle only one*): ☑ Regular ☐ Overtime ☐ Off Duty	Intoxication/Drug Usage? ☐	Substance Used: N/A
Hospital Admission? ☐	Hospital Name:	Coroner Case? ☐	Coroner Case # N/A — Interviewed? ☐
Hrs of sleep prior to shooting: 5	Duty Time (hrs): [redacted]	Clothing (*circle only one*): ☐ Plain Clothes no Vest ☐ Raid Jacket w/ Vest ☐ Plain Clothes w/ Vest ☐ Uniform no Vest ☐ Raid Jacket no Vest ☑ Uniform w/ Vest	Other Factors: Deputy Covarrubias [redacted]
Age: [redacted] Height: 511	Weight: 200		
Range Qualification Date: [redacted]	PPC Qualification Date: [redacted]	Laser Training Date: [redacted]	
Certified with Weapon Used? [redacted]	Patrol Certification? [redacted]	Certification Unit: [redacted]	Prior Shootings? [redacted] — Number of Prior Shootings: [redacted] — Directed Force: [redacted]
Weapons Fired Brand: Smith & Wesson	Caliber 9mm	# Shots 1	Weapons Fired Brand: — Caliber — # Shots
Field Training Officer Emp # [redacted]	Last Name [redacted]	First Name [redacted]	M.I.
Field Training Officer Emp # [redacted]	Last Name [redacted]	First Name [redacted]	M.I. [redacted]

E ___

Employee #	Last Name	First Name	M.I.
Sex: Race:	Rank:	Unit Assignment:	Work Assignment (Unit #, Module, etc.):
ShiftTime (*circle only one*): ☐ EM ☐ PM ☐ Day	ShiftType (*circle only one*): ☐ Regular ☐ Overtime ☐ Off Duty	Intoxication/Drug Usage? ☐	Substance Used:
Hospital Admission? ☐	Hospital Name:	Coroner Case? ☐	Coroner Case # — Interviewed? ☐
Hrs of sleep prior to shooting:	Duty Time (hrs):	Clothing (*circle only one*): ☐ Plain Clothes no Vest ☐ Raid Jacket w/ Vest ☐ Plain Clothes w/ Vest ☐ Uniform no Vest ☐ Raid Jacket no Vest ☐ Uniform w/ Vest	Other Factors:
Age: Height:	Weight:		
Range Qualification Date:	PPC Qualification Date:	Laser Training Date:	
Certified with Weapon Used? ☐	Patrol Certification? ☐	Certification Unit:	Prior Shootings? ☐ — Number of Prior Shootings: — Directed Force: ☐
Weapons Fired Brand:	Caliber	# Shots	Weapons Fired Brand: — Caliber — # Shots
Field Training Officer Emp #	Last Name	First Name	M.I.
Field Training Officer Emp #	Last Name	First Name	M.I.

E ___

Employee #	Last Name	First Name	M.I.
Sex: Race:	Rank:	Unit Assignment:	Work Assignment (Unit #, Module, etc.):
ShiftTime (*circle only one*): ☐ EM ☐ PM ☐ Day	ShiftType (*circle only one*): ☐ Regular ☐ Overtime ☐ Off Duty	Intoxication/Drug Usage? ☐	Substance Used:
Hospital Admission? ☐	Hospital Name:	Coroner Case? ☐	Coroner Case # — Interviewed? ☐
Hrs of sleep prior to shooting:	Duty Time (hrs):	Clothing (*circle only one*): ☐ Plain Clothes no Vest ☐ Raid Jacket w/ Vest ☐ Plain Clothes w/ Vest ☐ Uniform no Vest ☐ Raid Jacket no Vest ☐ Uniform w/ Vest	Other Factors:
Age: Height:	Weight:		
Range Qualification Date:	PPC Qualification Date:	Laser Training Date:	
Certified with Weapon Used? ☐	Patrol Certification? ☐	Certification Unit:	Prior Shootings? ☐ — Number of Prior Shootings: — Directed Force: ☐
Weapons Fired Brand:	Caliber	# Shots	Weapons Fired Brand: — Caliber — # Shots
Field Training Officer Emp #	Last Name	First Name	M.I.
Field Training Officer Emp #	Last Name	First Name	M.I.

See Other Side

Officer Involved Shooting
Involved Employee Information

URN: 016-00162-2873-055

Involved Employee

E 1

Employee # [redacted] | Last Name: Covarrubias | First Name: Omar | M.I.

Sex: | Race: | Rank: | Unit Assignment: | Work Assignment (Unit #, Module, etc.):

ShiftTime (*circle only one*): ☐ EM ☐ PM ☐ Day | ShiftType (*circle only one*): ☐ Regular ☐ Overtime ☐ Off Duty | Intoxication/Drug Usage? ☐ | Substance Used:

Hospital Admission? ☐ | Hospital Name: | Coroner Case? ☐ | Coroner Case # | Interviewed? ☐

Hrs of sleep prior to shooting: | Duty Time (hrs): | Clothing (*circle only one*): ☐ Plain Clothes no Vest ☐ Raid Jacket w/ Vest ☐ Plain Clothes w/ Vest ☐ Uniform no Vest ☐ Raid Jacket no Vest ☐ Uniform w/ Vest | Other Factors:

Age: | Height: | Weight:

Range Qualification Date: | PPC Qualification Date: | Laser Training Date:

Certified with Weapon Used? ☐ | Patrol Certification? ☐ | Certification Unit: | Prior Shootings? ☐ | Number of Prior Shootings: | Directed Force: ☐

Weapons Fired Brand: | Caliber | # Shots | Weapons Fired Brand: | Caliber | # Shots

Field Training Officer Emp # [redacted] | Last Name [redacted] | First Name [redacted] | M.I. [redacted]

Field Training Officer Emp # [redacted] | Last Name [redacted] | First Name [redacted] | M.I. [redacted]

E __

Employee # | Last Name | First Name | M.I.

Sex: | Race: | Rank: | Unit Assignment: | Work Assignment (Unit #, Module, etc.):

ShiftTime (*circle only one*): ☐ EM ☐ PM ☐ Day | ShiftType (*circle only one*): ☐ Regular ☐ Overtime ☐ Off Duty | Intoxication/Drug Usage? ☐ | Substance Used:

Hospital Admission? ☐ | Hospital Name: | Coroner Case? ☐ | Coroner Case # | Interviewed? ☐

Hrs of sleep prior to shooting: | Duty Time (hrs): | Clothing (*circle only one*): ☐ Plain Clothes no Vest ☐ Raid Jacket w/ Vest ☐ Plain Clothes w/ Vest ☐ Uniform no Vest ☐ Raid Jacket no Vest ☐ Uniform w/ Vest | Other Factors:

Age: | Height: | Weight:

Range Qualification Date: | PPC Qualification Date: | Laser Training Date:

Certified with Weapon Used? ☐ | Patrol Certification? ☐ | Certification Unit: | Prior Shootings? ☐ | Number of Prior Shootings: | Directed Force: ☐

Weapons Fired Brand: | Caliber | # Shots | Weapons Fired Brand: | Caliber | # Shots

Field Training Officer Emp # | Last Name | First Name | M.I.

Field Training Officer Emp # | Last Name | First Name | M.I.

E __

Employee # | Last Name | First Name | M.I.

Sex: | Race: | Rank: | Unit Assignment: | Work Assignment (Unit #, Module, etc.):

ShiftTime (*circle only one*): ☐ EM ☐ PM ☐ Day | ShiftType (*circle only one*): ☐ Regular ☐ Overtime ☐ Off Duty | Intoxication/Drug Usage? ☐ | Substance Used:

Hospital Admission? ☐ | Hospital Name: | Coroner Case? ☐ | Coroner Case # | Interviewed? ☐

Hrs of sleep prior to shooting: | Duty Time (hrs): | Clothing (*circle only one*): ☐ Plain Clothes no Vest ☐ Raid Jacket w/ Vest ☐ Plain Clothes w/ Vest ☐ Uniform no Vest ☐ Raid Jacket no Vest ☐ Uniform w/ Vest | Other Factors:

Age: | Height: | Weight:

Range Qualification Date: | PPC Qualification Date: | Laser Training Date:

Certified with Weapon Used? ☐ | Patrol Certification? ☐ | Certification Unit: | Prior Shootings? ☐ | Number of Prior Shootings: | Directed Force: ☐

Weapons Fired Brand: | Caliber | # Shots | Weapons Fired Brand: | Caliber | # Shots

Field Training Officer Emp # | Last Name | First Name | M.I.

Field Training Officer Emp # | Last Name | First Name | M.I.

Officer Involved Shooting
Suspect Information

URN: 016-00162-2873-055

Suspect Information

S 1

Last Name: Wright		First Name: Derrick	M.I.: M
AKA Last Name:		First Name:	M.I.:
Sex: M Race: Black	Street Address: [redacted]	City: [redacted]	State & Zip Code: [redacted]
Work Phone: [redacted]	Home Phone: [redacted]	Social Security #: [redacted]	Driver's License #: [redacted]
Age: 32 D.O.B. 09/13/1984	Height: 600 Weight: 210	FBI #: [redacted]	CII #: [redacted]
Booking # 4542276	Primary Charge: Assault with A Deadly Weapon	Secondary Charge: Felon in Possesion of a Loaded Firearm	
Coroner Case? ☐	Coroner Case #	Intoxication/Drug Usage? ☑	Substance Used: Marijuana
Armed? ☑	Apprehended? ☑	Mental Illness? ☐	Criminal History? [redacted]
Vehicle Make: Infiniti		Model: M37	Year: 2011

S

Last Name:		First Name:	M.I.:
AKA Last Name:		First Name:	M.I.:
Sex: Race:	Street Address:	City:	State & Zip Code:
Work Phone:	Home Phone:	Social Security #:	Driver's License #:
Age: D.O.B.	Height: Weight:	FBI #	CII #
Booking #	Primary Charge:	Secondary Charge:	
Coroner Case? ☐	Coroner Case #	Intoxication/Drug Usage? ☐	Substance Used:
Armed? ☐	Apprehended? ☐	Mental Illness? ☐	Criminal History? ☐
Vehicle Make		Model:	Year:

S

Last Name:		First Name:	M.I.:
AKA Last Name:		First Name:	M.I.:
Sex: Race:	Street Address:	City:	State & Zip Code:
Work Phone:	Home Phone:	Social Security #:	Driver's License #:
Age: D.O.B.	Height: Weight:	FBI #	CII #
Booking #	Primary Charge:	Secondary Charge:	
Coroner Case? ☐	Coroner Case #	Intoxication/Drug Usage? ☐	Substance Used:
Armed? ☐	Apprehended? ☐	Mental Illness? ☐	Criminal History? ☐
Vehicle Make		Model:	Year:

S

Last Name:		First Name:	M.I.:
AKA Last Name:		First Name:	M.I.:
Sex: Race:	Street Address:	City:	State & Zip Code:
Work Phone:	Home Phone:	Social Security #:	Driver's License #:
Age: D.O.B.	Height: Weight:	FBI #	CII #
Booking #	Primary Charge:	Secondary Charge:	
Coroner Case? ☐	Coroner Case #	Intoxication/Drug Usage? ☐	Substance Used:
Armed? ☐	Apprehended? ☐	Mental Illness? ☐	Criminal History? ☐
Vehicle Make		Model:	Year: